

Book Reviews

and identity poses for historians. At a point where a succinct summary of the key issues would be welcome, we are offered a fulsome example that obscures as much as it clarifies. Throughout the book, there are similarly generous quotations from the chosen texts—the anonymous *Confessions of a hypochondriac*, for instance; Henry Matthews's *Diary of an invalid*, which recounts his European tour in pursuit of health; and Harriet Martineau's *Life in the sick room*, which Frawley herself has edited. Of course, these quotations convey the texture of the language. In doing so, however, they tend to distract from the important conceptual debates with which the author engages. There are interesting comments on national identity and on the study of climatology, but the discussion of the interface between gender, social class, and medicine is of particular significance. Essentially, the argument is that during the nineteenth century, masculine and feminine identities had to be renegotiated at a time when industrialization was creating new physical and mental expectations in the workplace and scientific medicine was transforming how the doctor diagnosed illness and recorded case notes. Invalidism was a cultural strategy by which these tensions were mediated.

It is a pity that medical texts have not been used to complement the insights gained from Frawley's meticulous examination of the literary material. Nevertheless, she is conversant with the intellectual environment of history and medical history. Themes like the development of overseas tourism and the changing configurations of employment are placed within their economic, social, and political contexts. The invalid's predicament is located within the discourse of "history from below". And the implications of the patient's "disappearance" from medical cosmology are explored in terms of the work of N D Jewson, Mary Fissell, and W F Bynum. Therefore, though Frawley herself stresses that "disciplinary problems do not respect historical boundaries" (p. 9), *Invalidism and identity* is also a brave attempt at interdisciplinary scholarship that achieves an innovative interaction between literature and history.

The high-quality production of the book does justice to its erudite approach. There are

footnotes as well as in-text references, a bibliography of the works cited, and an index—although, strangely, no consolidated list of the twenty-four black and white illustrations that are fully integrated. The University of Chicago Press is to be congratulated on the comparatively low price of this specialist monograph. British publishers take note!

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Martin Wallen, *City of health, fields of disease: revolutions in the poetry, medicine, and philosophy of romanticism*, The Nineteenth Century Series, Aldershot, Ashgate, 2004, pp. x, 202, £40.00 (hardback 0-7546-3542-2).

Romanticism continues to beguile for its ability to deflect scholars aiming to deconstruct its understanding of things medical: poles of health and disease, especially in cases of genius and idiocy, as well as what we moderns loosely term a "culture of health" configured as medicine's language, ideology and politics. Now Martin Wallen, an American professor of literature, has made a useful contribution to the ongoing debate by applying his literary learning to the ways in which northern European Romantic medical thought remained in the clutches of Brunonianism, the theory that all human life reduces to states of "excitement".

Wallen's argument is that (broadly conceived) Romantic culture in Britain was in conflict, if not crisis, by 1795 and that (an equally broadly conceived) Brunonian medicine reflected this state of affairs. Hardly an original theory, but Wallen's geographical framing of the conflict as "city of health, fields of disease"—the dissymmetry of his trope: the singular *city* and plural *fields* is noteworthy—grasps the attention. So too do his ancient Greek contexts arrest. Combined, the two capture the geographically spatial metaphor, as well as refer to the Socratic moment in the *Republic* when Plato banishes the poets.

The Socratic opposition of healthy city and diseased hinterland functions spatially and

ideologically. It also suggests a moral opposition of “healthy” and “diseased” poets: according to Plato the virtuous civic poets in contrast to dangerous, self-seeking aggrandisers—the Homers and Agathons—who were crowd-pleasers. The Socratic distinction puzzled Romantic thinkers, not least those aligned with German versus British schools of thought. But this particular spatial frame permits Wallen to configure his Romantics eclectically by moving back and forth from ancient Greece to northern Europe, and then from city to country, where he will disentangle “health” and “disease” over three decades (1785–1815).

There are six chapters. The first focuses on ‘Lyrical health in Wordsworth and Coleridge’ and considers the possibility that spatial relations leading to a city of health where “they hold clear and definite relations to one another” (p. 15) sets the stage for the literary-medical analogy. Things alter in the second chapter dealing with “Coleridge’s scrofulous dejections”: this is an omnibus tour through Coleridge’s medical case history describing his health, or lack of it, especially under the weight of Thomas Beddoes whom Coleridge had read and abjured. Recently there has been a wave of discussion about this medically ailing “scrofulous Coleridge”: especially by Neil Vickers and this reviewer’s investigations (in collaboration with David Haycock) among others. Chapter three focuses on Thomas Beddoes and the “Excitability Doctor”: John Brown himself of Brunonian fame; gazing at their narratives and rhetorics more than their ideas, always with a vigilant eye to the likelihood that human health depends on factors beyond narrowly conceived medical concerns. The fourth chapter—more original than its predecessors—captures “a secret excitement” in Coleridge’s spiritualism and materialism: his search for, and disappointment over, a physical Brunonian imagination on which to base his aesthetics. The German philosopher Friedrich Schelling’s “medical singing school” is centre-stage in the fifth chapter, which describes how Schelling was also steeped in Brown’s clutches, later liberated himself, and finally imagined a Homeric-style “singing school” as the utopian hope for a new age of

science transcending the old Cartesian mind-body dichotomy. Finally, Wallen’s curtain closes on “electromagnetic orgasm and history outside the city”: a survey of the rise of German organic philosophy as a by-product of an electromagnetic history of the world that conduces towards a “city beyond health”.

No conclusion or epilogue follows and none may be needed: Socratic Greece hovers over most pages, if indelibly, as does radical Doctor Brown’s “excitement philosophy” and this may be sufficient. The book can appear disunified but demonstrates as an entity how these topics continue to consume (literally) Romantic cultural historians today who aim to exhaust their epoch’s rich resources for the cultural understanding of human consciousness. Yet they seem unable: so rich is their Romantic epoch sandwiched between high Enlightenment—about which so much has been written along these lines—and the Victorian consolidation. Where would one search for further Romantic examples? In the conjunction of medicine and politics, while new, post-revolutionary, rhetorics swamped the British Isles after the 1790s? In the new enthusiastic religions as the century’s clock ticked forward from 1799 to 1800? Or in post-revolutionary psychiatry, sexology, and the new “moral therapy” of the 1820s? These and many others offer deep troughs, and Wallen’s “fields of disease”, with its 1755 Ordinance Survey map of Spittle Fields on the dust jacket, contributes to this growing library.

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Douglas A Wissing, *Pioneer in Tibet: the life and perils of Dr Albert Shelton*, New York and Basingstoke, Palgrave Macmillan, 2004, pp. xvii, 334, illus., \$29.95 (1-4039-6328-2).

The American medical missionary, Dr Albert Shelton, was the David Livingstone of his day, renowned across America as a Christian pioneer in a “heathen land”. After qualifying as a doctor in 1903, Shelton and his wife joined the Foreign Christian Missionary Society. They soon set out